

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
	1								
2		1							
3		1							
4		1							
5		1							
6	1								
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46									
47									
48									
49									
50									
TOTAL IND.	5								
TOTAL DEP.	27								
TOTAL CLAIMS	32								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

**BEST AVAILABLE COPY**